

## **State-Based Health Information Exchange Activities**

Approximately 35 states have documented state-based health information exchange (HIE) projects. These state-based HIE projects vary in scope (e.g., local, state-wide, or regional), maturity of implementation (e.g., planning, implementation, or evaluation phase), health information technology (HIT) focus (e.g., electronic prescribing or electronic health record), composition of stakeholders involved, Medicaid participation, and funding source.

Most state-based HIE projects are in the early stages of planning towards implementation. A number of states have established a task force, commission, or advisory group to conduct a needs-assessment and produce recommendations for state government action. Examples include Kentucky, Virginia, and Washington. A few states, like Arizona and Kansas, have developed implementation roadmaps that outline goals for care providers, insurers and consumers; identify potential funding resources; and recommend patient privacy and security measures. Some states, like California, Indiana, Massachusetts, New York, and Utah, are engaged in the development of regional health information exchange (RHIOs) or community-wide data exchange networks.

### **State Medicaid Health Information Exchange Efforts**

State Medicaid agencies are becoming increasingly engaged in driving HIE within their states. For example, a State Medicaid agency is working in collaboration with physical and behavioral health providers, Medicaid health plans, patient advocates, and other stakeholders to identify solutions to improve coordination of care and quality of care for Medicaid patients who have behavioral health care needs. This effort will enable the exchange of patient information essential for coordinating care between behavioral and physical health physicians while preserving protections for patient privacy. Such patient information includes medication history, lab data results, and hospitalization data. The data will be stored in a central data repository system, which will be updated semi-weekly. Medicaid providers will be able to access and view the data through a secure Web-portal at no charge. The initial intent is to capture information on approximately 100,000 patients enrolled in both behavioral and physical health. As demand for the HIE grows, the State Medicaid agency plans to expand the system to other Medicaid patient populations. Technological implementation and data exchange is anticipated to begin in July 2006.<sup>1</sup>

Another State Medicaid agency is working in collaboration with local hospitals and state and county governments to establish a statewide data exchange effort with an initial focus on exchanging health information across hospital emergency departments. The State Medicaid agency has been a significant driver of the initiative and has helped engage physicians, labs, and other members of the provider community to participate in the effort. Nine of 12 participating hospital emergency departments were scheduled to begin exchanging real-time data in the first quarter of 2006. An assessment of the impact of HIE on Medicaid patients will be conducted in December 2006. The initiative is part of a broader, long-term effort to help stimulate the adoption of electronic health records (EHRs) by physicians, lower barriers to entry, and increase the value of EHRs among the provider community.<sup>2</sup>

### **State Efforts to Address Privacy and Security Concerns in Health Information Exchange**

Thirty-three states and Puerto Rico are participating in a partnership effort through the Health Information Security and Privacy Collaboration (HISPC) to address privacy and security issues associated with the proposed creation of a National Health Information Network. These states will examine and identify variations in state business practices and laws regarding privacy and security of health data exchange and develop consensus-based solutions to enable electronic HIE while preserving privacy and security protections.

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<sup>1</sup> S Rosenfeld et al, *Evolution of State Health Information Exchange*, Pub no. 06-0057 (Washington, DC: AHRQ, 2006).

<sup>2</sup> Ibid.